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ABSTRACT

The 1990s has seen a dramatic shift in the desired orientation of early intervention services, involving a movement away from child-centered approaches in assessment and intervention to a family-centered approach in service delivery. This study attempted to contribute to the little research available on the efficacy of the family-centered approach. Early intervention staff (187 respondents) and parents with a young child attending an early intervention program (273 respondents) in New South Wales were surveyed about their perceptions of the extent to which support, provided or received, was family-centered, and their perceptions of the way in which they would like support to be provided or received. Overall, results indicated that staff are more concerned about the practices generally believed to demonstrate a family-centered approach than are parents. Family-centered practices in early intervention services appeared to be widely implemented in the Australian state, and the vast majority of parents were satisfied with the level of support they receive from these services. Although there were significant differences between parent and staff ratings of the actual and desired level of implementation of family-centered practice, the differences were not large enough to constitute a gulf between families and intervention services. (Contains 17 references.) (EV)

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HOW FAMILY-CENTERED ARE EARLY INTERVENTION SERVICES: STAFF AND PARENT PERCEPTIONS?

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ABSTRACT

Early intervention staff (N=187) and parents (N=273) with a young child attending an early intervention program were surveyed about their perceptions of the extent to which support, provided or received, was family-centered, and their perceptions of the way in which they would like support to be provided or received. The results indicated differences between current and preferred support for both groups, and differences across groups. The results are discussed in relation to the changing orientation of early intervention services, the level of family-centered support apparent in services, and how well service staff may be meeting the needs of the families they support.

The past decade has seen a dramatic shift in the desired orientation of early intervention services in several Western countries. This shift has involved a movement away from child-centered approaches in assessment and intervention, to a family-centered approach in service delivery. This change in focus has considerable intuitive appeal. However, while it is based on a range of value statements outlined below, and is supported by legislation in the United States, there has been very little research to confirm the assumed efficacy of the family-centered approach.

Family-centered '...refers to a combination of beliefs and practices that define particular ways of working with families that are consumer driven and competency enhancing' (Dunst, Johanson, Trivette & Hamby, 1991:115). Despite the multi-faceted nature of the family-centered approach, there is general agreement as to what constitutes this orientation. In a brief review of the literature, McBride, Brotherson, Joanning, Whiddon and Demmitt (1993) identified three major principles that encompass the family-centered approach. First, the establishment of the family as the focus of service provision (Krauss, 1990). The young child with special needs is recognised as living in a family context, and so it is argued that interventions to support the child are likely to be more effective when framed within that context.

Second, families are supported to play a role in decision-making about the nature of the service that is provided to them (Bailey, 1987). The implementation of this principle recognises that families have the right to participate with service staff as partners, and have a right to maintain control over the support that they receive. Finally, service provision should also attempt to strengthen family functioning by promoting the capabilities of the family (Kaiser & Hemmeter, 1989). This principle sees families as possessing a range of strengths and capabilities that may assist them to use available resources to meet their own needs.

As a service orientation, family-centered service provision shares many of the components of enabling and empowering approaches (Dunst, Trivette & Deal, 1988). It has also been influenced by the substantial literature on family support and social support in the disciplines of welfare and social services (Gottleib, 1985; Weissbourd, 1990; Wolcott, 1989).

There is anecdotal evidence that the use of a family-centered approach in the delivery of early intervention services has been widely accepted in Australia, at least from the beginning of this decade. For instance, the approach is frequently mentioned in the professional literature in this

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country as an example of best practice. However, practical evidence for the acceptance of this orientation is mostly limited to a range of policy statements from the States and Territories.

In NSW the need for the maintenance of a focus on families in early intervention was recognised in an examination of the coordination of early intervention services (NSW Government, 1994). In Victoria, a number of early intervention policy statements that recommended a family-centered approach were published in the early 1990s (Kearns, 1994). Beyond this, it is difficult to determine the extent to which early intervention services in this country are family-centered in orientation.

In the United States, where components of the family-centered approach are mandated (Krauss, 1990), there have been several research studies in this area. Following an analysis of Federal Laws and a survey of administrators and early intervention staff, Dunst and his colleagues (1991) concluded that there had been a movement toward the adoption of family-centered early intervention policies and practices in the United States. More recently, McBride et al. (1993) conducted semi-structured interviews with 15 families and 14 staff members from early intervention services, to determine the extent to which family-centered approaches were being used. They identified several themes associated with the family-centered approach and reported that families expressed general satisfaction with the services they were receiving. They also found that the professionals were aware of and understood the family-centered approach, but that their day-to-day practices varied widely and included some aspects of child-oriented approaches.

Callahan and Olson (1994) surveyed 22 rural early intervention staff on the extent to which they provided opportunities to families for involvement in decision-making, and 90 parents on their level of satisfaction with the support they received from these staff. The results showed a wide variation in the decision-making opportunities provided by staff across services. However, parents indicated that they were very satisfied with the early intervention service they received.

Two studies have examined the extent of family involvement in assessment and decision-making. Bailey, Buysse, Edmondson and Smith (1992) compared professionals' perceptions of family-centered services in four states in the United States. They reported significant differences between typical and ideal practices across the four items of family-centered orientation they measured. This study was replicated in Sweden by Bjorck-Akesson & Granlund (1995), who also included a group of parents in their sample. They found significant differences between families' ratings of typical and ideal practices, and between professionals' ratings of typical and ideal practices. In both cases, more family-centered practices were desired than were provided. For three of the four items on the survey, staff wished to provide significantly more family-centered intervention than families desired.

To date there has been no systematic examination of the extent of agreement between parents and professionals in relation to how family-centered they perceive early intervention services to be, or how family-centered they would like these services to be. For example, although several studies have reported that staff would like to work in more family-centered ways (Bailey et al., 1992; McBride et al., 1993) it is not clear whether families share this goal.

Those studies reporting high family satisfaction with early intervention services (Callahan & Olson, 1994; McBride et al., 1993), have not examined the relationship between this satisfaction and the nature of early intervention service provision. The only study comparing professional and family perceptions used an instrument limited to four items which may not have adequately assessed the family-centered approach (Bjorck-Akesson & Granlund, 1995). Consequently, it is difficult to tell whether families are genuinely happy with the service they receive, or whether they are grateful to receive whatever service may be available to them. Additionally, it is difficult to tell whether families agree with and understand a family-centered approach.

The present study sought to address some of these issues. Specifically, the study attempted to determine the extent of agreement between both families' and professionals' perceptions of

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current and desired family-centered early intervention. Some questions addressed by the study were:

1. Is there a significant difference between family and professional perceptions of current and desired service provision?

2. Do families desire early intervention services that are more family-centered?

3. Is there a meaningful relationship between family's level of satisfaction with early intervention services and the extent to which those services are family-centered?

METHODOLOGY

Sample

The sample comprised all early intervention programs funded by the NSW Department of Community Services (DCS) (N=50) and the NSW Department of School Education (DSE) (N=42) in 1995. Thirteen DCS services could not be contacted by the researchers, and seven DCS services and six DSE services declined to participate in the study. The percentage of services participating in the study were 78% for DCS (N=39) and 86% for DSE (N=36).

The Directors and teachers from the participating services identified 249 staff members (both teaching and non-teaching) associated with the services. A random sample of all families receiving support from these services resulted in 704 families being included in the survey pool. Completed surveys were received from 184 staff members (74% return rate), and from 273 families (39% return rate). The overall return rate was 48%.

Survey instrument

A nine item scale was developed that was based on the nine themes associated with family-centered interventions identified from the qualitative research by McBride and her colleagues (1993). For example, the *attention to family concerns beyond the specific needs of the child* theme, was used to develop the following item: *the staff attend to our family concerns as well as the specific needs of our child.* Each item appeared in the form of a statement to which respondents indicated their degree of agreement on a six point Likert scale (agree strongly to disagree strongly). The maximum scale score was 54, with a higher score indicating that more family-centered practices were being applied. The wording of the items differed slightly for staff and family versions of the survey to make the statements relevant to the respondents. The scale items for the staff survey appear in Table 1.

TABLE 1

FAMILY-CENTERED SCALE ITEMS ON STAFF SURVEY

1.	I attend to family **concerns** as well as the specific needs of the child.
2.	Parents are given a variety of **choices** in the decision-making process.
3.	Improving family members' emotional **well-being** is an important service goal.
4.	I **involve** fathers, siblings and other family members in the support I offer families.
5.	Increasing parents' **confidence** and parenting skills is an important service goal.
6.	I respect family **values** and routines in my interactions and meetings with families.
7.	I give parents the **option** of having a shared role in decision-making that affects them.
8.	I accept parents' right to **choose** their own level of participation in decision-making.
9.	Childrens' developmental **progress** alleviates family stressors.

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Staff were asked to respond to the instrument in two ways. Firstly, they were asked to respond to the statements in terms of the way they believed they currently supported families. Secondly, they were asked to respond to the statements in the way they would like to support families. The staff survey form also collected information about the age, qualifications, length of experience in early intervention, and the respondent's primary role in the service.

Families were asked to respond to the instrument in terms of the way they perceived early intervention staff currently supported them, and in terms of how they would like to be supported by the staff. The family survey form also included questions about the age and educational qualifications of the respondent, and their partner (if appropriate), how long their child had attended the early intervention program, and how satisfied they were with the program.

Procedure

Information letters, survey forms and reply paid envelopes were forwarded by the Directors and teachers from the early intervention services to their staff and families to maintain the anonymity of participants. The information letter provided respondents with the opportunity to be interviewed by the researchers if they wished. Three telephone interviews were conducted. During these interviews, questions were asked in the same order that they appeared on the survey form. Approximately two weeks after forwarding the survey package, a reminder letter was also forwarded to participants to encourage their involvement in the study.

Data analysis

The demographic characteristics of staff and families were described. However, the primary purpose of the analysis was to check for any significant differences between the responses of both groups to the two forms of the survey instrument. Descriptive statistics were also used to determine if there was a significant difference between staff and family perceptions about the way support was currently provided. Factor analysis and Cronbach's alpha (Cronbach, 1951) were used to check the reliability of the survey instrument.

RESULTS

Family-centered scale

Two measures were used to determine the reliability of the family-centered scale. First, principal components factor analysis was used to develop a meaningful factor structure for the staff and the parent version of the scale using responses from the current situation ratings of the survey. The criteria for establishing factors was a eigenvalue for each factor of at least 1.0, and the size of the eigenvalues plotted against the factors (Cattell, 1966). This factor structure was then compared with the respective factor structures from the preferred ratings section of the survey.

For the staff survey, the items loading on the two extracted factors from the current situation version of the scale were identical to those loading on the preferred situation version of the scale. These factors explained 71% and 65% of the variance respectively. For the parent survey, only one meaningful factor was extracted for both current and preferred versions of the scale. This factor explained 62% and 59% of the variance respectively.[1]

The second reliability measure used Cronbach's (1951) alpha coefficients to determine internal consistency for the items loading on the extracted factors. For the staff survey, the reliability coefficients for the two subscales were .80 and .56 for the current scale, and .85 and .73 for the preferred scale. For the parent survey, coefficient alpha was .93 and .91, respectively for the single factor for each scale.

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Staff characteristics

Over one-third of staff members (N=65, 35.3%) were aged between 35 and 44 years. Less than 11% (n=20) were younger than 25. The majority of staff had a degree (N=87, 47.3%) or diploma or certificate (N=67, 36.4%). Twenty (10.9%) staff members had no formal qualification. Staff had most frequently worked in early intervention from 1 to 5 years (N=72, 39.1%) or from 6 to 10 years (N=56, 30.4%). The role played by these staff is shown in Table 2. The majority (N=78, 42.4%) worked primarily in a teaching role. Most therapists were either speech pathologists (N=14, 48.4%) or occupational therapists (N=8, 29.0%).

TABLE 2

PRIMARY ROLE OF EARLY INTERVENTION STAFF

ROLE	N	%
Centre Director	27	14.8
Teacher	78	42.9
Aide	31	17.0
Therapist	29	15.9
Social worker	8	4.4
Nurse	7	3.8
Consultant	2	1.2
Not identified	2	1.2

The mean current and preferred ratings and the standard deviations for items on the family-centered staff scale appear in Table 3. The ratings show that staff wished to provide more family-centered support across all items. The discrepancy between current and preferred practice was most apparent for the item assessing the involvement of fathers, siblings and other family members.

There was a statistically significant difference between the total scale score for the current and for the preferred support ($t(176)=7.17, p<0.001$). As multiple item comparisons were made, the level for statistical significance was adjusted from 0.05 to 0.005 (Miller, 1966). There were statistically significant differences between the current and preferred ratings of seven items.

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TABLE 3

MEAN CURRENT AND PREFERRED RATINGS AND STANDARD DEVIATIONS FOR ITEMS ON THE STAFF FAMILY-CENTERED SCALE

ITEM NAME	CURRENT		PREFERRED	
	M	SD	M	SD
concern	5.07	1.02	5.28	0.94*
choice	5.14	0.95	5.59	0.73*
well-being	5.15	1.02	5.43	0.82*
involve	4.68	1.10	5.50	0.70*
confidence	5.50	0.72	5.73	0.58*
values	5.50	0.68	5.72	0.59*
option	5.40	0.80	5.70	0.56*
choose	5.32	0.84	5.51	0.83
progress	4.80	1.09	5.04	1.01
total	46.91	4.95	49.58	4.62*

* $p<0.001$

Therapists' total rating for their current level of support (45.80) was significantly less than that of other staff members (47.14, $t(146)=3.19, p<0.01$). The difference was most apparent for the *concern* (therapists 4.81, others 5.12), and *choose* items (therapists 5.06, others 5.37). There was no significant difference between the total preferred level of support ratings for therapists and others.

The four categories for years of experience in early intervention were collapsed into two; up to five years of experience and over five years experience. Less experienced staff members indicated that they used lower levels of family-centered practices (45.77) than more experienced staff (48.13, $t(86)=4.79, <0.001$). This difference was most apparent for *choice* (less experienced 4.96, more experienced 5.36) and *involve* items (less experienced 4.46, more experienced 4.94). The difference between the total preferred level of ratings for less experienced staff and more experienced staff was not significant.

Parent characteristics

Mothers most often completed the survey (N=232, 84.7%). Both the respondent (N=161, 58.5%) and their spouse (N=119, 48.8%) were most likely to be between 25 and 34 years old. Eleven percent of respondents were from single parent families, and the most common qualification for respondents and their spouse was at the trade level. There was no significant association between level of educational qualification and the dependent variables.

Respondents were just as likely to have been involved in the program for less than a year (44.4%) or for between one and three years (48.0%). No parents were very unsatisfied with the support they received from the early intervention program. The vast majority of parents were either satisfied (N=72, 26.5%) or very satisfied (N=193, 70.9%).

The mean current and preferred item ratings and the standard deviations for the family-centered parent scale appear in Table 4. Apart from the *concern* and *well-being* items, parents preferred an increase in the level of family-centered support they currently received. There was a significant difference between the total scale score for the current and for the preferred support ($t(266)=4.74, p<0.001$). There were also statistically significant differences between the ratings for seven items.

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TABLE 4

MEAN CURRENT AND PREFERRED RATINGS AND STANDARD DEVIATIONS FOR ITEMS ON THE PARENT FAMILY-CENTERED SCALE

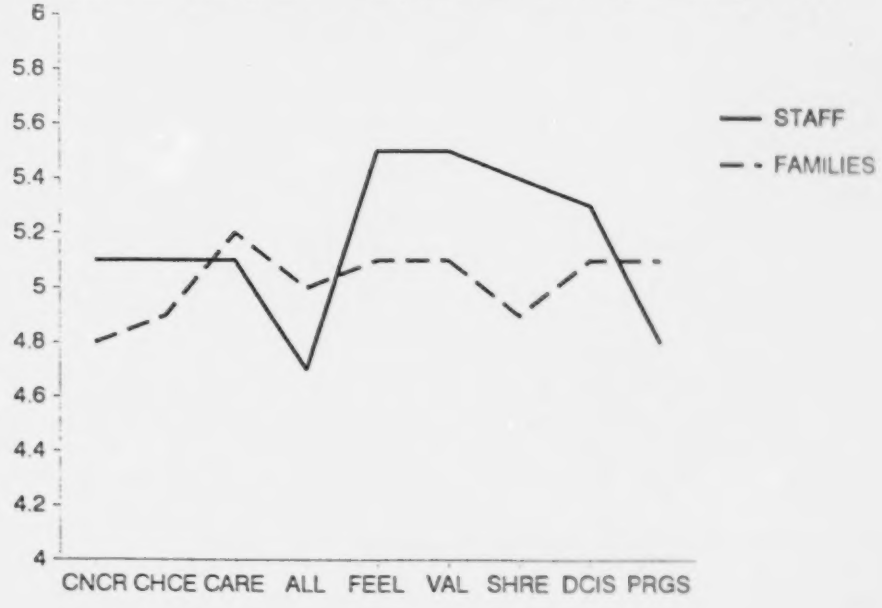
ITEM NAME	CURRENT		PREFERRED	
	M	SD	M	SD
concern	4.84	1.09	4.80	1.17
choice	4.89	1.04	5.30	0.86*
well-being	5.22	0.93	5.04	0.97
involve	5.04	1.10	5.24	0.92*
confidence	5.05	0.99	5.32	0.88*
values	5.14	0.85	5.38	0.85*
option	4.87	1.05	5.28	0.96*
choose	4.93	0.97	5.17	0.93*
progress	5.05	1.12	5.40	0.94*
total	45.29	6.82	47.13	6.36*

* $p<0.001$

Staff and parents

There were some discrepancies between the staff and parent ratings of current service provision. Figure 1 shows the mean ratings for staff and parents of current family-centered practices. For six of the nine items, parents perceived that staff were supporting them at a level lower than staff ratings. For the *well-being*, *involve* and *progress* items, parent ratings were higher than staff ratings. There was a statistically significant difference between the total current ratings for staff and parents ($t(444)=2.72, p<0.01$).

Figure 1: Mean ratings for staff and parents of current family-centered practices



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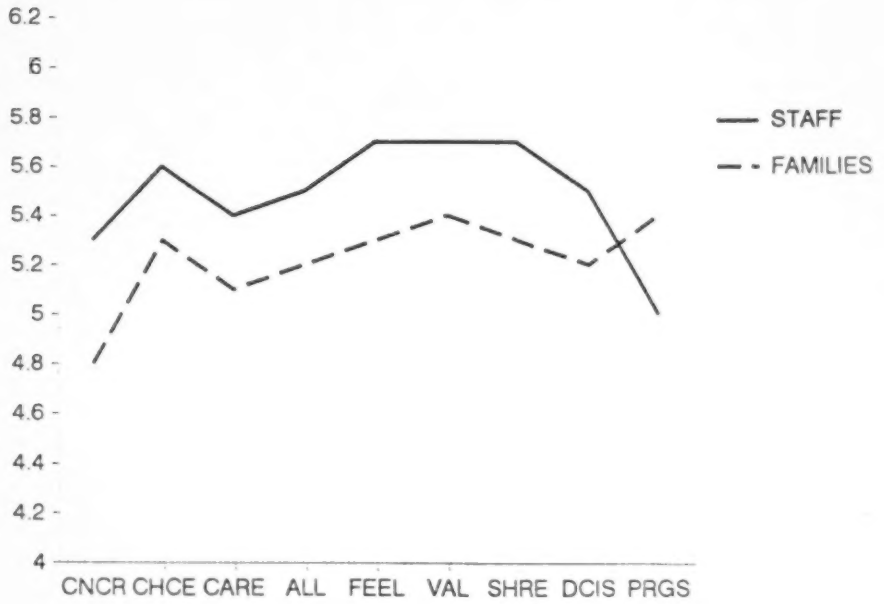
There was a more consistent pattern in the preferred ratings for staff and parents. Figure 2 shows the mean ratings for staff and parents of preferred family-centered practices. For only one item, *progress*, were parent ratings higher than staff ratings. There was a significant difference between the total preferred ratings for staff and parents ($t(442)=4.41, p<0.001$).

Figure 2: Mean ratings for staff and parents of preferred family-centered practices



DISCUSSION

During the three decades since the early intervention movement began, there have been many changes in its direction and approach to supporting families. These changes have been influenced by the growth in our knowledge about both typical and atypical child development, the results of research in several social sciences, and the early intervention experiences of practitioners and of parents of children with special needs. One might expect that the execution of these changes in direction may differ across early intervention services according to the idiosyncratic characteristics of geographic areas, programs and the needs of different groups. However, the results of the present research indicate that family-centered approaches are being implemented to a large extent in NSW early intervention programs.

This study has given some indication of how early intervention staff and parents participating in early intervention programs in NSW perceive existing programs in terms of the principles of family-centred early intervention practice. It is important to note that this study was concerned with early intervention staff and parent *perceptions* of how families are supported by staff. Actual practice was not observed or documented in any way. Additionally, respondents were provided with only nine categories to rate and were not asked to elaborate on their responses.

As in other studies concerned with family-centred programs (e.g.McBride et al., 1993; Callahan et al., 1994), most parents were either satisfied or very satisfied with the support they were receiving. As the number of parents who were dissatisfied was very low it was not possible to assess the extent of the relationship between the provision of family-centered practices and level of parental satisfaction. Consequently, whether family-centered practices

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are a predictor of parental satisfaction is yet to be empirically determined.

Overall current support provided was perceived by staff members to be greater than that perceived by parents. Although both parents and staff indicated that they would prefer a more family-centred approach, there were differences in emphasis. For example, parents did not want staff to increase their attention to family concerns or to demonstrate more care for the family, but they did want an increase in the variety of choices in decisions affecting them.

It is unclear whether these differences indicate that parents are very happy with the way staff attend to family concerns and the extent to which they care about their family, or that they do not consider these aspects of a program of great importance. The latter interpretation is, to some extent, supported by the responses to item 9 which was concerned with the child's progress as a factor in reducing family stress. Parents' rating for this item was higher than for any other item for both current and preferred practice. Staff indicated that focus on the child's progress was important. However, improving parents' confidence and parenting skills, as well as staff demonstrating more respect for family values and routines during interactions and meetings with families, was of greater concern to staff.

Parents indicated that although staff currently attend to their family concerns as well as those of the child, they did not see this as an area in which they needed more support. Parent rating of this item was the lowest of all items for both current and preferred practice. However, staff perceived this item as an important aspect of family centred early intervention and indicated a need for improvement of services in this area. Additionally, parents agreed that the staff cared about their family, but they did not rate this item as highly as other items as an area for improvement.

Overall, results indicate that staff are more concerned about the practices that are generally believed to demonstrate a family-centred approach than are parents. It could be, as McBride et al. (1993) suggest, that parents are unaware of the changes that have taken place over the last few years in the focus of early intervention programs and that their responses on this survey were influenced by their expectation that early intervention programs are supposed to be more child-centred. It may also be the case that Australian families are more reluctant than American families to share their personal problems with others outside the family circle.

In conclusion, this study shows that family-centered practices in early intervention services appear to be widely implemented in one Australian state, and that the vast majority of parents are satisfied with the level of support they receive from these services. Although there were significant differences between parent and staff ratings of the actual and desired level of implementation of family-centered practice, the differences were not large enough to constitute a gulf between parents and families.

While the level of consumer satisfaction and the degree of staff implementation are important components of any assessment of the assumed efficacy of family-centered early intervention, they are not enough on their own to constitute a valid assessment of the approach. Although there may be strong philosophical grounds on which to support the approach, there is also a need to check whether, as expected, some outcomes from family-centered practice are empowering for parents and strengthen family functioning.

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1. *The factor solutions for the staff and the parent scales are available from the authors.*

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